

## GUIDELINES FOR COMPLETING A DESE 6 (INDIVIDUAL TRAINING/REFERRAL ACCOUNT)



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

EMPLOYMENT TRAINING SECTION (573) 751-7563 FAX (573) 526-5710

### INDIVIDUAL TRAINING/REFERRAL ACCOUNT

P. O. Box 480  
JEFFERSON CITY, MISSOURI 65102

DESE 6

REGION

PLEASE CHECK  
APPROPRIATE  
BOXES

☐ WIA TITLE I ADULT

☐ WIA DISLOCATED WORKER (LOCAL)

☐ OTHER

☐ WIA TITLE I YOUTH

☐ WIA DISLOCATED WORKER (STATEWIDE)

☐ NEW PARTICIPANT or

☐ REVISION (If a revision, please check one of the following boxes: ☐ ADDITION ☐ REDUCTION ☐ CANCELLATION )

1. In the Region box, please enter the initials of the region.
2. In the funding box, please indicate the funding source.
3. Please indicate whether the participant is new or if this is a revision to a previously submitted 6. If it is a revision, check whether the revision is because of an addition, reduction or cancellation.

A. THIS SECTION TO BE COMPLETED BY REFERRING OFFICE (PLEASE PRINT OR TYPE)			
1. NAME OF PARTICIPANT (LAST)	(FIRST)	(INITIAL)	SOCIAL SECURITY NUMBER
2. ADDRESS OF PARTICIPANT			COUNTY OF RESIDENCE
3. REFERRING OFFICE (NAME)		(ADDRESS)	(PHONE #)
4. TRAINING INSTITUTION		(ADDRESS)	(PHONE #)
5. PROGRAM TITLE * FOR NEW ENROLLMENTS, THE TRAINING PROGRAM <u>MUST</u> BE WIA APPROVED BEFORE SUBMITTING THE DESE 6!			
6. CIP CODE		7. PELL GRANT If eligible, amount approved for Pell Grant is \$	

1. Enter the name of participant starting with last name, then first name followed by their middle initial. In the next box, enter their social security number.
2. Enter the mailing address of the participant. In the next box, enter their county of residence.
3. Enter the referring office's name that is handling the participant's paperwork, along with their mailing address and telephone number.
4. Enter the WIA approved training institution that the participant will attend, along with the institution's address and telephone number.
5. Enter the WIA approved program title that the participant will receive funding for. For a new enrollment, the training program must be WIA approved before submitting the DESE 6. To verify if a program is WIA approved, please refer to the Missouri Education and Career Hotlink (MECH) website (<https://www.missouricareersource.com/mech/>).
6. Enter the WIA approved program's 6-digit CIP (Classification of Instructional Program) code. This information can be obtained from MECH.
7. If the participant is eligible for Pell grant monies, enter their total amount approved here.

8. FUNDING (INDICATE AMOUNTS THAT APPLY ONLY TO THAT PORTION OF THE TRAINING THAT IS TO BE FUNDED BY DESE)		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year
TUITION AMOUNT		
COST OF FEES		
COST OF SUPPLIES		
TOTAL AMOUNT OF OBLIGATION	\$0.00	\$0.00
9. BEGINNING DATE FOR FUNDING PURPOSES		PLANNED ENDING DATE
COMMENTS		
The undersigned has selected and referred the person for training as specified above, and certifies with respect thereto that: (1) The above named participant is eligible for funding; and (2) The training to be provided is for a demand occupation in the area or another area to which the participant is willing to relocate.		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE
PLEASE PRINT OR TYPE NAME		

8. Indicate the first year's tuition amount, cost of fees, cost of supplies and TOTAL amount of obligation. Only enter the amount that is to be funded by DESE. If applicable, enter second year's tuition amount, cost of fees, cost of supplies and TOTAL amount of obligation that is to be funded by DESE. The "year" runs July-June therefore base the "1<sup>st</sup> year" on that time period. Example, if a person's training runs from January–December, for the "1<sup>st</sup> year" you would enter the amount to obligate for January-June. For the "2<sup>nd</sup> year" you would enter the amount for July-December.
9. Enter the beginning date of training that is to be funded by DESE. In the next box, enter the estimated ending date.
10. Any comments that would be helpful to DESE staff to process this 6, enter them into the comments section.
11. Authorized representative's signature and current date.
12. Printed or typed name of authorized representative.

Mail the completed 6 form to DESE:

DESE  
Employment Training Section  
P.O. Box 480  
Jefferson City, MO 65102-0480

Or fax the completed 6 form to DESE at:

(573) 526-5710

We only need one copy of the DESE 6; please do not submit twice. Should you have any questions, please refer to our Administrative Procedures or contact our office at (573) 751-7563.